The Ohio Council
Of Behavioral Health & Family Services Providers

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Testimony on Am. Sub. HB 110
Senate Health Committee
May 6, 2021

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to offer testimony on Am. Sub. House Bill 110, the biennial budget bill for state fiscal years 2022-2023. I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a trade and advocacy organization that represents over 160 private businesses that deliver prevention, addiction treatment, mental health, and family services throughout Ohio.

The Ohio Council applauds Governor Mike DeWine and his administration for developing an executive budget proposal that continues key investments aimed at improving the health and wellbeing of Ohio's children and families, expanding access to mental health and addiction treatment services, and advancing strategic improvements to Ohio's Medicaid managed care program. We especially appreciate the prudent and strategic use of one-time federal resources to bolster broadband capacity and provide help to small businesses while reserving state general revenue funds to maintain sustainable investments in the behavioral health system.

Likewise, we thank the Ohio House for its efforts to examine, debate and pass Am. Sub. HB 110. The House advanced a budget that largely maintained the Governor's key investments in Ohio's behavioral health system, multi-system youth, and the Ohio Medicaid program. And now while our state seeks to recover from the economic devastation and social disruption caused by the COVID-19 pandemic, we are simultaneously addressing the rising demand for mental health and addiction treatment services. Indeed, the resources invested in this budget are vital to restoring the health and wellbeing of our children, families, and communities; supporting the workforce; expanding access to treatment and recovery; and invigorating Ohio's economy. The funding and resources allocated in this budget will surely pay dividends far into the future.

Mr. Chairman, with respect to key provisions in Am. Sub. HB 110, I would like to highlight a few items that specifically address Ohio Council priorities and offer a few recommendations for the committee's consideration.

Medicaid
The Ohio Council supports the Department of Medicaid's budget proposal. The combination of state and federal resources directed toward Ohio's Medicaid program support critical health care services for our most vulnerable populations – and is the most important pathway for Ohioans to access mental health and addiction treatment services. Further, **the Ohio Council strongly supports the Department of Medicaid's ongoing implementation of its integrated managed care re-procurement.**

We very much appreciate the department's efforts to listen, engage, and seek feedback from stakeholders – including consumers and providers – as it designed its procurement process. The service enhancements for kids with complex behavioral health needs through the OhioRISE program, the behavioral health care coordination program, enhanced managed care transparency and accountability measures, reduced administrative hurdles for providers, and a renewed emphasis on patient experience – all are welcomed features of Medicaid's reimagined care model. The Ohio Council looks forward to partnering with the Department of Medicaid, health plans, and other stakeholders to advance this process.

Behavioral Health Continuum of Care

The Ohio Council applauds the Department of Mental Health and Addiction Services (OhioMHAS) for its support of providers during the COVID-19 pandemic. Without the department's leadership, providers would not have been able to transition to offering telehealth services as rapidly and successfully as we did. Without a doubt, telehealth has proven to be a valuable option for many Ohioans to access care and allowed provider organizations to continue business operations and essential service delivery during the pandemic. Indeed, Am. Sub. HB 110 responds in numerous ways to the mental health and addiction crisis facing our state, and we are very pleased to see the continued investment in behavioral health services across the continuum of care. Specifically, **we strongly support the resources directed to crisis services and crisis stabilization centers, and new resources aimed at supporting enhanced care coordination for adults with severe and persistent mental illness**. Such investments are critical to stabilizing and strengthening Ohio's system of care for individuals seeking mental health and addiction treatment.

ADAMHS Boards

Ohio's behavioral health system and its continuum of care does not operate at its best if OhioMHAS, the county ADAMHS boards and community providers are not working together. Controversial and complicated policy and contract issues are best addressed by a convening of all interested stakeholders and with individuals and families in mind – such issues should not be addressed in the budget process. Accordingly, **the Ohio Council along with a host of other provider organizations ask that you oppose inclusion in Am. Sub. HB 110 any provisions or proposed amendments addressing county ADAMHS Board duties, contracting and governance structure**. (Specifically, please oppose MHACD26; MHACD29; and any amendment to modify the 120-notice requirement in R.C. section 340). Such matters require further examination and participation by all partners in a setting other than the budget process.

Behavioral Health Workforce

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, crisis response, and recovery services for mental health conditions and substance use disorders. Ohio and the nation are experiencing a severe shortage in such professionals, which limits access to treatment amidst an opiate epidemic and surge in demand for mental health services – issues exacerbated by the global pandemic. The shortage in behavioral health workforce results in decreased access to care and longer wait times for people in need of services and high burnout rates among providers. Ohio must take expeditious action to strengthen the behavioral health workforce through financial investment in the development and implementation of strategies to incentivize careers in community behavioral healthcare.

In 2018 the Health Resources and Services Administration (HRSA) released information on behavioral health workforce projections in each state by 2030 using 2016 data as the baseline. Per the report, Ohio's behavioral health workforce was insufficient to meet demands for treatment in every discipline and the disparity is only expected to increase. One of the primary barriers to recruiting and retaining qualified staff is the ability to offer competitive salaries. Salaries in behavioral health care are well below those for similar positions with similar education and licensure requirements in other healthcare and business sectors. Another barrier to recruiting and retaining staff is the student loan debt compared to average salaries. The average student loan debt to obtain a Master of Social Work is approximately $73,000. The average starting salary for a social worker with a master's degree in Ohio is $41,000.

Further, community behavioral health organizations have historically been the training ground for people entering the behavioral health workforce. While the community setting is ideal for training new professionals, it also presents a workforce challenge for behavioral health organizations due to the financial cost and time investment of training, supervising, and then replacing staff in two years or less. Once new professionals have obtained independent licensure, they often leave for better paying positions in other sectors of health care or pursue private practice as these positions typically do not require community-based work and require less documentation and other administrative burdens.

Accordingly, the Ohio Council recommends enhanced funding to support and promote the recruitment and retention of professionals within the community behavioral health workforce. While OhioMHAS has some general funding for workforce initiatives in its budget, this historically has been limited, one-time funding for behavioral health organizations. Maintaining a successful employee recruitment and retention program without dedicated funding is a significant barrier. Thankfully, the House directed $2.5 million each year of the biennium of Covid-19 relief funds to support the behavioral health workforce. **We respectfully request the Senate support an additional amendment to increase by $2.5 million annually the OhioMHAS Line 336504 Community Innovation to be directly distributed to OhioMHAS certified behavioral health organizations to develop and sustain workforce-incentive initiatives and offer supervision support.** Ohio's investments in services and supports must be paired with a comprehensive strategy to ensure that there is an adequate workforce ready and able to deliver these essential services. Increasing OhioMHAS funding for recruitment and retentions is a good first step while longer term strategies and programs can be considered and developed.

Student Wellness and Success Programs

The Ohio Council commends the Governor for including within the Department of Education's budget $1.1 billion in student wellness and success funding (SWSF). These resources will expand greater access to school-based health and behavioral health services, which are critically important as we navigate the COVID-19 pandemic to help kids be better prepared to learn and thrive in their school experience. While Ohio Council members have always been engaged and providing services in schools, the SWSF has expanded this opportunity to contract with their school-district partners.

In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state. In four years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio. Further, the Ohio Department of Education's 2019-2020 Student Wellness and Success Survey found over 66% of schools implemented mental health initiatives with these funds and that more than one-third of all initiatives (36%) were reported as being "new" and nearly one-third (32.7%) "expanded." Clearly, the SWSF initiative is having a positive impact and will play a pivotal role in our state's pandemic recovery plan. **That is why we are so concerned by the House's approach of merging the SWSF into its proposed education funding formula.** The gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools. **Accordingly, the Ohio Council requests that the Student Wellness and Success Fund authorization language (R.C. 3317.26) and funding be restored to the Executive version of HB 110.**

Patient Access to Medications

Lastly, I want to bring to your attention the following provisions concerning access to medications for purposes of addiction treatment and withdrawal management or detoxification. These provisions added by the House are concerning and may have unintended consequences resulting in limited access and higher costs for important medications. **We ask that these provisions be rejected and examined further outside of the budget process.**

- MHACD30 Dispensing controlled substances in lockable containers – Sections 337.205; 337.40 (duplicative and costly – such protections already exist and are used by most addiction treatment providers currently.

- MHACD8 and MHACD24 – R.C. section 5119.191 (specific language limiting withdrawal management and detoxification medications to only one specific name-brand drug)

Conclusion

The Ohio Council looks forward to working with the DeWine Administration, lawmakers, and other advocates as Am. Sub. H.B. 110 is examined, debated, and ultimately enacted into law.

Thank you for your time and consideration today. I am happy to answer any questions.

2022-2023 BIENNIAL BUDGET PRIORITIES AND RECOMMENDATIONS

INTRODUCTION

The Ohio Council of Behavioral Health & Family Services Providers (the Ohio Council) is a statewide trade association representing over 150 community-based mental health and addiction treatment service providers throughout Ohio. We are committed to improving the health and well-being of Ohio's communities by promoting high-quality, affordable, and effective behavioral health and family services. Ohio Council members consist of both for-profit and non-profit private businesses operating in all parts of the state and employ thousands of Ohioans in clinical, medical, administrative and management level positions. Ohio Council members offer services to children, adults, and families through prevention, school-based intervention, treatment, and recovery support services. The Ohio Council strategically pursues effective policy solutions that address the overdose epidemic and meet the rising demand for community-based mental health and addiction treatment services so all Ohioans may experience health, recovery, and wellness.

VIEWING BEHAVIORAL HEALTHCARE AS HEALTHCARE

Real-world experience and academic studies both show that investing in community-based mental health and addiction services is sound public policy and a wise fiscal decision. For every dollar spent on community behavioral health services, the return on investment is many times over. Moreover, providing timely and high-quality mental health and addiction services ensures that other public investments made in the health, education, employment, children's services, and criminal justice systems are effective and yield better long-term outcomes for all Ohioans.

The scourge of the opioid epidemic along with the surge in demand for addiction and mental health services is pushing Ohio's behavioral health system to the breaking point – the COVID-19 pandemic has only exacerbated the challenge, causing unprecedented social and economic disruption. To effectively respond to this multi-layered crisis, we must view and treat mental illness and addiction as chronic health diseases – not moral failings. Indeed, once these conditions are accurately and appropriately viewed through the lens of healthcare, a more effective response – unfiltered by stigma – can be developed, financed, and implemented in Ohio.

- **It takes years – *not days or months* – for people to stabilize in their recovery.**
- **Behavioral healthcare must be financed as healthcare. There are no other health conditions for which *treatment* is as heavily financed by grants and local tax levies.**
- **Ohio must grow the behavioral health workforce to provide access to the full range of mental health and addiction treatment services needed in every community.**
- **The State must address and enforce insurance parity laws for mental health and addiction treatment coverage and prioritize quality services and patient safety regardless of payer.**

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OHIO COUNCIL 2022-2023 BIENNIAL BUDGET PRIORITIES AND RECOMMENDATIONS

1. MAINTAIN RECENT INVESTMENTS IN THE BEHAVIORAL HEALTHCARE SYSTEM
2. STRENGTHEN THE FULL CONTINUUM OF CARE
3. INVEST IN BEHAVIORAL HEALTHCARE WORKFORCE SUPPORTS
4. ENFORCE INSURANCE PARITY AND INCREASE ACCESS TO SERVICES

MAINTAIN RECENT INVESTMENTS IN OHIO'S BEHAVIORAL HEALTHCARE SYSTEM

- The legislature has provided significant funding to support mental health and addiction treatment services – more investment is necessary to address the rising service demand.
- Support all components of the Department of Medicaid's managed care procurement process so that ODM can prioritize individual patient care over the business of managed care, resulting in healthier Ohioans and less administrative burdens for providers. (Single PBM; OhioRISE; MCO Contracts; Centralized Credentialing & Fiscal Intermediary)
- The COVID-19 pandemic has exacerbated Ohio's mental health crisis and opioid epidemic; as a result, the system must be prepared to address the surge in demand for services already occurring in our communities.

ROBUSTLY FUND AND STRENGTHEN THE FULL BEHAVIORAL HEALTH CONTINUUM OF CARE

- Provide the necessary resources to support the full panoply of services in our communities including, prevention, early intervention, school-based services, treatment, crisis services and recovery supports. And sustain telehealth services.
- Greater urgency is required to build out Ohio's behavioral health crisis response and stabilization programs, including an expanded capacity for mobile crisis response, short-term crisis residential services, and in-patient services.

DEVELOP WORKFORCE INCENTIVES AND SUPPORT STRATEGIES

- The entire nation is experiencing a behavioral healthcare workforce shortage. We support the development and implementation of strategies and resources to incentivize healthcare professionals into careers in the community behavioral healthcare field. **<u>BUDGET ASK:</u> $2.5 million increase each year in the OhioMHAS Line 336504 Community Innovation to support Workforce Development Initiative.**

ENFORCE INSURANCE PARITY LAW AND INCREASE ACCESS TO SERVICES

- Encourage greater enforcement of insurance parity laws for mental health and addiction treatment services. Health insurers and managed care plans must be held accountable for any unfair and discriminatory treatment of Ohioans seeking to use their insurance benefits to access mental health and addiction treatment services.
- Address payment and access disparities between behavioral healthcare and physical healthcare systems.

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Strengthening the Behavioral Health Workforce

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, and recovery services for mental health conditions and substance use disorders. The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country amidst an opiate epidemic and during a time of unprecedented suicide rates, issues exacerbated by the global pandemic. The shortage in behavioral health workforce results in decreased access to care and longer wait times for people in need of services and high burnout rates among providers. Ohio must take expeditious action to strengthen the behavioral health workforce through financial investment in the development and implementation of strategies to incentivize careers in community behavioral healthcare.

Ohio's Projected Behavioral Health Workforce Shortages

The Health Resources and Services Administration (HRSA) released information in September 2018 detailing the behavioral health workforce projections in each state by 2030 using 2016 data as the baseline. In 2016, Ohio's behavioral health workforce was insufficient to meet demands for treatment in every discipline and the disparity is expected to increase for most professionals by 2030.

Ohio Behavioral Health Workforce – 2016 & 2030 Projected Shortages		
Workforce Discipline	2016 Shortage	2030 Projected Shortage
Psychiatrist	-790	**-960**
Physician Assistant	-30	-20
Certified Nurse Practitioner	-140	10
Psychologists	-1,250	**-1,410**
Addiction Counselor	-1,760	**-1,790**
Marriage & Family Therapists	-690	-200
Mental Health Counselors	-1,810	**-2,020**
Social Worker	-2, 970	6,250

By 2030, the total supply of psychiatrists is projected to decline as retirements exceed new entrants into the field. Growth in the supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists. However, in 2030, the supply of these three types of providers will not be sufficient to provide the current level of care. Further, the results here illustrate that Ohio is producing many social workers trained at the master's level, but there is insufficient information to indicate the number of these social workers that will become licensed clinical social workers or choose to work in behavioral health.

Barriers to Recruiting & Retaining Staff

One of the primary barriers to recruiting and retaining qualified staff is the ability to offer competitive salaries. Salaries in behavioral health care positions are well below those for similar positions with similar education and licensure requirements in other health care sectors and the business sector. Further

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compounding the challenge, is the growing number of businesses offering a $15 minimum wage for entry level positions which is often significantly more than the wage for entry level positions in behavioral health organizations.

Another barrier to recruiting and retaining staff is the student loan debt compared to average salaries. The average student loan debt to obtain a Master of Social Work is approximately $73,000. The average starting salary for a social worker with a master's degree in Ohio is approximately $41,000. The average student loan debt to obtain a medical degree is approximately $197,000. The average starting salary for a psychiatrist in Ohio is approximately $212,000. The high student loan debt, low salary, and demanding work create a difficult environment for recruiting new staff into community-behavioral health organizations.

Community behavioral health organizations have historically been the training ground for people entering the behavioral health workforce, including those who recently graduated as a counselor, social worker, or therapist. While the community setting is ideal for training new professionals, it is also a workforce barrier for behavioral health organizations due to the financial cost and time investment of training, supervising, and then replacing staff in two years or less. Once new professionals have obtained independent licensure, they often leave for better paying positions in other sectors of health care or pursue private practice as these positions typically do not require community-based work and require less documentation.

Recommendations

Although the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has funding for workforce initiatives in their budget, this historically has been limited, one-time funding for behavioral health organizations. Maintaining a successful employee recruitment and retention program without ongoing funds is a significant barrier. Considering the data on the current and projected workforce limitations, access to care will only be more difficult for people in need of treatment if there is not a plan for expanding the behavioral health workforce in Ohio. To establish effective strategies for recruitment and retention we recommend the following:

- **BUDGET ASK: Immediate increased investment of $2.5 million annually in OhioMHAS Line 336504 Community Innovation to support Workforce Development Initiative to be directly distributed to OhioMHAS certified behavioral health organizations to develop and sustain workforce recruitment and retention initiatives and offer supervision support.**
- Provide direct funding to community-based behavioral health organizations to create tuition reimbursement and/or student loan repayment programs for staff currently working in the organization with a requirement to dedicate a minimum number of years to the organization.
- Establish funding for community-based behavioral health organizations to offer incumbent worker training programs, scholarships, internships, field placements, and residency positions in behavioral health organizations.
- Promote behavioral health careers as part of healthcare career pathways.
- Elevate the value of careers in addiction and mental health services.

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2021 School-Based Behavioral Health Services Executive Summary

Overview

The Ohio Council of Behavioral Health and Family Services Providers has surveyed members to gather data on school-based services and partnerships since 2017. In the past four years, the prevalence of providers in school-settings has increased significantly. In 2017, 36 community behavioral health provider organizations reported delivering school-based behavioral health services in more than 200 school districts and over 1,160 school buildings across Ohio. At the time that number represented approximately one-third of Ohio's school buildings**. In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state.** In four years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio.

Growth in School-Based Services

Community behavioral health providers offered services to students in an additional 224 buildings across the state, representing a 9% increase from the previous year. This is despite disruptions and a myriad of school schedules resulting from the global pandemic. The continued growth is indication of the strong partnerships that community behavioral health organizations have developed with school districts over the past four years. **80% of community providers reported being involved in general planning activities with school partners and two-thirds are organizational members of the school district's planning team.** These partnerships are in the best interest of the students, the community, and schools because they allow access to services that are not always available otherwise and extend beyond the traditional school day and school year.

Behavioral Health Workforce Shortage

The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country and in all settings amidst an opiate epidemic and during a time of unprecedented suicides. The global pandemic has only increased the demand for behavioral healthcare treatment. Additionally, the pandemic has impacted community providers school-staffing as schools were providing virtual learning or hybrid options for a significant portion of the last year. Of the 76 organizations who responded to the survey, 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams. Although school partnerships are extremely important and valuable, schools are also one of the top competitors in hiring behavioral health workforce. Based on survey responses, 43% of organizations reported schools as one of their top competitors for staff with salary and schedule being the top reasons school-based staff leave community-based behavioral health organizations.

Separately, almost 40% of provider organizations reported schools directly recruited and hired staff from their organizations.

Student Wellness and Success Funds

Ohio has historically supported school-based behavioral health services, including through budget investments like the Student Wellness and Success funding. According to the December 2020 Ohio Department of Education Student Wellness and Success Fund Survey Data Report, school districts reported mental health services as the most popular use of these funds and 404 school districts reported partnering with community-based mental health providers. Based on provider report in our survey, there was a 55% increase in the number of organizations providing services in schools directly attributed to these funds. The Student Wellness and Success funding is an important investment to help the continued growth of behavioral health services in schools. Providing school-based behavioral health services has been shown to reduce barriers to accessing services and create safer school environments. Additionally, students are more likely to seek services voluntarily when services are available in school.

School-Community Based Provider Partnership Data

Community Behavioral Health Centers (CBHC) Responding: 76
Number of School Districts, ESCs, Alternative, Private, & Charter Schools Served: 710
Number of School Buildings with School-Based BH Services: 2,827

- Elementary: 1,269
- MS: 743
- HS: 672
- ESC/Other: 143

Types of Services Available in Schools

- 61 CBHCs reported offering ALL LEVELS of services (prevention, consultation, and treatment) in school-based programs. Services provided are customized based on the needs of the building.
- 73 CBHCs offer PREVENTION services through their school-based school partnerships.
    - 57 offer universal interventions, 50 offer staff support, 48 offer selected interventions, 43 offer parent support, 41 offer targeted interventions and 20 offer peer support services.
- 68 CBHCs offer CONSULTATION services to schools.
    - 64 organizations reported offering student-specific consultation. 60 offer consultation to teachers, and 55 reported offering classroom level consultation.
- 67 CBHCs offer TREATMENT Services in school settings.
    - Individual Counseling, Assessment, CPST/TBS, and Crisis Services were again the most frequently reported treatment services.
- 68 CBHCs COLLABORATE with the schools in a variety of planning endeavors.
    - 61 organizations are involved in general planning, 60 organizations are involved in planning to engage families in their behavioral health needs, 57 organizations are involved in planning the social and emotional learning strategies for students, and 50 organizations are members of the school districts' planning team.

Funding for School-Based Behavioral Health Services:

- 63 organizations reported payment for treatment services using the community BH Medicaid program and 4 reported using the Medicaid School program.
- 38 provider organizations reported billing commercial insurance.
- 61 organizations reported using ADAMH Board funds to pay for school based BH services.
- 36 organizations reported relying on grant or foundation funding for services delivered in schools.
- 53 provider organizations reported having a school contract or MOU for a specified number of hours or personnel.
- 31 organizations reported Student Wellness and Success Funds were used to pay for school-based services.

Workforce shortage

- 29 organizations reported a total of 84.6 FTEs have been hired by schools or ESCs in their service area.
- 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams.

Recommendations for Sustaining and Growing School-Based Services

Ohio schools and community behavioral health providers have continued to increase the availability of behavioral health services in schools over the past four years. Continuing to build on the existing infrastructure through partnerships with community-based providers and expanding services in schools is the most effective way to provide prevention and treatment services to Ohio's youth. Given the increased demand for services caused by the pandemic, we must further expand school-based behavioral health services, leveraging school and community partnerships by:

- Providing a stable funding source specifically for prevention, consultation, early intervention, and treatment services in schools and timely referrals to community treatment services.
- Implementing the ODE Whole Child Framework to further expanding partnerships between schools and community behavioral health organizations to support social-emotional development, routinely offer prevention programming, provide mental health and addiction services, and increase coordination of care through regular communication between schools, families, and behavioral health providers.
- Investing in the community-behavioral health workforce by establishing funding for tuition reimbursement and/or loan forgiveness programs.
- Increasing school-based screening efforts to identify youth with mental health and substance abuse needs and provide them with the resources they need as required by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA).